

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4486AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/26/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST MORNING STAR CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7375 MOUNTAIN ASH DRIVE LAS VEGAS, NV 89147</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation initiated on 12/22/09 and concluded on 2/26/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness four Category I residents and four Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of D.</p> <p>Complaint #NV00023910 was substantiated. See Tag Y673</p>	Y 000		
Y 026 SS=D	<p>449.190(3) Contents of License-Multiple Types</p> <p>NAC 449.190</p> <p>3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.</p>	Y 026		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1  This Regulation is not met as evidenced by: Based on observation, record review and interview on 1/11/10, the facility was caring for 1 of 7 persons (Resident #6) with Alzheimer's disease without an endorsement and failed to obtain the necessary training to care for such persons.  Severity: 2 Scope: 1	Y 026		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Based on record review on 1/11/10, the facility failed to ensure that 1 of 3 caregivers received eight hours of annual training (Employee #2).  Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to	Y 103		

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Y 105	Continued From page 3  Based on record review on 1/11/10, the facility failed to ensure 2 of 3 caregivers met background check requirements (Employee #1, and #3).  Findings include:  The file for Employee #1 failed to provide documentation of a state and FBI background check. The file for Employee #3 failed to provide documentation of fingerprints, and a state and FBI background check.  This was a repeat deficiency from the 2/13/09 State Licensure survey.  Severity: 2 Scope: 3	Y 105			
Y 174 SS=D	449.209(4)(a) Health and Sanitatio-Offensive odors  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors.  This Regulation is not met as evidenced by: Based on observation on 1/11/10, the facility failed to ensure the premises were kept free from offensive odors. There was a strong smell of urine in Bedroom #1.  Severity: 2 Scope: 1	Y 174			
Y 177 SS=F	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse	Y 177			

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Y 177	Continued From page 4  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.  This Regulation is not met as evidenced by: Based on observation on 1/11/10, the facility failed to ensure used toilet paper was flushed down the toilet in 2 of 2 bathrooms used by residents (signs asking residents to put toilet paper in the waste basket were observed in both resident bathrooms).  Severity: 2 Scope: 3	Y 177		
Y 273 SS=F	449.2175(4) Service of Food - Special Diets  NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.  This Regulation is not met as evidenced by: Based on observation and interview on 1/11/10, the facility failed to provide a low vitamin K, cardiac, no added salt, and 1800 calorie ADA diet to 4 of 7 residents ordered a special diet (Resident #1, #3, #5 and #7).	Y 273		

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Y 273	Continued From page 5  Severity: 2      Scope: 3	Y 273		
Y 430 SS=D	449.229(1) Protection from Fire  NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.  This Regulation is not met as evidenced by: Based on observation on 1/11/10, the facility failed to ensure compliance with the regulations adopted by the State Fire Marshal. The designated exit out of bedroom #5 was blocked which impeded egress of the residents in case of a fire.  Severity: 2      Scope: 1	Y 430		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.	Y 435		

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Y 435	Continued From page 6  This Regulation is not met as evidenced by: Based on observation on 1/11/10, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually.  Severity: 1 Scope: 3	Y 435		
Y 450 SS=E	449.231(1) First Aid and CPR  NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.  This Regulation is not met as evidenced by: Based on record review on 1/11/10, the facility did not ensure 1 of 3 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #3).  Severity: 2 Scope: 2	Y 450		
Y 530 SS=F	449.260(1)(e) Activities for Residents	Y 530		

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Y 530	Continued From page 7  NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities.  This Regulation is not met as evidenced by: Based on observation and interview on 1/11/10, the administrator did not provide at least 10 hours of activities each week for 7 of 7 residents.  Findings include:  The posted activity schedule was dated 11/2/09 to 11/8/09. Interview with Resident #4 revealed the facility failed to provide activities except for bingo. Resident #4 stated she would like more games that could be played with the residents.  Resident #3 stated she enjoys walking but does that on her own with Resident #4.  Severity: 2 Scope: 3	Y 530		
Y 621 SS=D	449.2702(4)(b) Admission Policy  NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.	Y 621		

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Y 621	Continued From page 8  This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body.  Based on observation, interview and record review on 1/11/10, the facility failed to ensure 1 of 7 residents (Resident #5) was not restrained with the use of full side bed rails.  Severity: 2 Scope: 1	Y 621		
Y 645 SS=E	449.2704(1)-(5) Rate Agreement  NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used.	Y 645		

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Y 645	Continued From page 9  This Regulation is not met as evidenced by: Based on record review and interview on 1/11/10, the facility failed to provide a rate agreement for 2 of 7 residents (Resident #1 and #3). The facility failed to have a signed rental agreement with Resident #1. Based on an interview with Resident #3 and Employee #2, the facility increased the rent as of 12/1/09 by \$100.00 dollars for Resident #3. Resident #3 stated she was unaware of the increase until she received a bill for the increased rental amount. Employee #2 stated he told the resident verbally, however could not provide any written documentation of the increase.  Severity: 2 Scope: 2	Y 645		
Y 673 SS=D	449.2708(2) Discharge of Resident  NAC 449.2708 2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his approval pursuant to this section, the facility must provide the resident, his representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged.  This Regulation is not met as evidenced by: Based on observation and interview from 12/22/09 through 1/21/10, the facility failed to provide 1 of 8 residents written notice that he	Y 673		

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Y 673	Continued From page 10  would be discharged (Resident #8).  Severity: 2 Scope: 1	Y 673			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 1/11/10, the facility failed to ensure that 1 of 7 residents received an annual physical (Resident #1).  This was a repeat deficiency from the 2/13/09 State Licensure survey.  Severity: 2 Scope: 1	Y 859			
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 878			

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Y 878	<p>Continued From page 11</p> <p>physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/11/10, the facility failed to ensure that 4 of 7 residents received medications as prescribed.</p> <p>Resident #2 was prescribed Ny Stop 100000 apply to affected areas twice a day and Clobetasol 0.05% cream apply to affected areas twice a day the medication was not applied for any days in January 2010.</p> <p>Resident #3 was prescribed Alendronate 70 mg one tablet every week on Sunday. The medication was not given on 1/10/10 and there was not any medication available in the facility.</p> <p>Resident #6 was prescribed Lorazepam 2 milligrams(mg)/milliliter (ml) .25 mg every day in the morning. The December 2009 and January 2010 medication administration record (MAR) failed to document any doses of the medication. Interview with the caregiver revealed the medication was making the resident drowsy so they stopped giving the medication. The facility failed to obtain a discontinue order from the physician.</p> <p>Resident #7 was prescribed Fluocinonide 0.05%</p>	Y 878			

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Y 878	Continued From page 12  cream apply daily to rash and Silver Sulfa 1% cream apply to affected areas daily. The January 2010 MAR was not signed for either medications for any days in January and the creams were unavailable in the facility.  This was a repeat deficiency from the 2/13/09 State Licensure survey.  Severity: 2 Scope: 3	Y 878		
Y 885 SS=D	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This Regulation is not met as evidenced by: Based on observation on 1/11/10, the facility failed to ensure medications belonging to 1 of 7 residents destroyed (Resident #6 - Aricept 10 mg one tablet at bedtime, the prescription was discontinued 12/22/09).  Severity: 2 Scope: 1	Y 885		

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Y 921 SS=D	<p>449.2748(2) Medication Storage</p> <p>NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.</p> <p>This Regulation is not met as evidenced by: Based on observation on 1/11/10, the facility failed to ensure that refrigerated medications were secured.</p> <p>Severity: 2 Scope: 1</p>	Y 921		
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/11/10, the facility failed to ensure 4 of 7 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #1, #3, #6 and #8) which</p>	Y 936		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4486AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/26/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST MORNING STAR CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7375 MOUNTAIN ASH DRIVE LAS VEGAS, NV 89147</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 936	Continued From page 14 affected all residents.  Findings include:  The file for Resident #1 failed to provide documentation of a two-step TB test. The files for Resident #3, #6 and #8 failed to provide documentation of an annual TB test.  This was a repeat deficiency from the 2/13/09 State Licensure survey.  Severity: 2 Scope: 3	Y 936		
Y1010 SS=E	449.2764(1) Mental Illness Training  NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.  This Regulation is not met as evidenced by: Based on record review on 1/11/10, the facility failed to ensure at least 8 hours of training concerning care for residents with mental illness within 60 days of employment for 1 of 3 employees (Employee #3).  Severity: 2 Scope: 2	Y1010		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.